

OPTIONAL UPGRADE FORM

FOR PERIOD: 1ST NOVEMBER 2013 TO 1ST NOVEMBER 2014

PLEASE NOTE: UPGRADES ARE EFFECTIVE FROM THE DATE WE RECEIVE THIS FORM.

For General enquiries please phone 1300 130 373 and to view the Policy Wordings, Summary of Covers and other important information, terms and conditions (including the Product Disclosure Statement), please refer to:

www.jltsport.com.au/afl



Please send your completed Upgrade Form to:		
JLT Sport		
POST PO Box 464 WINSTON HILLS NSW 2153	EMAIL JLTSport@JLTA.COM.AU	FAX: (02) 8824 1690



STANDARD COVERS WITHIN THE PROGRAMME:

WHAT ARE WE COVERED FOR WITHIN THE NATIONAL RISK PROTECTION PROGRAMME?

All AFL affiliated leagues, associations and clubs receive the following standard covers within the Australian Football National Risk Programme as per the policy wordings, terms and conditions outlined at www.jltsport.com.au/afl

STANDARD COVERS PROVIDED:

- General Public & Products Liability (including Errors and Omissions Liability) - \$20,000,000
- Club Management Liability (for incorporated clubs only) - \$10,000,000 (refer to Policy Schedule for other benefits and limits)
- Personal Accident Cover including
 - o Capital Benefits Bronze level - maximum \$100,000 (Quadriplegia / Paraplegia max \$500,000)
 - o Non-Medicare Medical Benefits (Bronze level) – maximum \$2,000 per claim

Note: AFL Masters / Veterans teams do not have Personal Injury coverage as standard.

Such clubs can choose the Bronze level of cover via the “AFL Masters - Personal Injury Upgrade Form”

NON-MEDICARE MEDICAL COVER & CAPITAL BENEFITS UPGRADES

(PARAPLEGIA AND QUADRIPLÉGIA EVENTS ONLY)

WHAT DOES UPGRADING COVER MEAN?

All clubs receive a basic level of cover for Non-Medicare Medical benefits. This basic level of cover is called “Bronze”. Clubs can choose to upgrade from Bronze to a higher level of cover to provide their players with increased benefits and reimbursements of Non-Medicare Medical Expenses. **Upgrading cover is optional.** Clubs should consider the costs to players and inform members of all decisions made by the club. For details regarding cover, including important information, terms and conditions, please refer to www.jltsport.com.au/afl.

Note: The Health Insurance Act (Cth) 1973 does not permit the Insurer or the Trustee to reimburse any costs associated with medical treatments registered with Medicare (this includes the Medicare Gap).

HOW DO WE FIND OUT WHAT LEVEL OF COVER WE CURRENTLY RECEIVE?

Please check with your league or association to find out if you currently receive a higher level of cover within the National Risk Protection Programme. Some leagues and associations purchase higher levels of cover and/or loss of income cover for their clubs and players. For example, all clubs within the Victorian Country Football League receive Silver Cover and all Junior Clubs (and most Senior Clubs) within AFL Queensland receive Platinum Cover.

HOW DO WE UPGRADE OUR CLUB’S NON-MEDICARE MEDICAL COVER?

1. Check with your League or Association whether your club currently receives a higher level of cover
2. Once you have determined your current level of cover, complete Section A and Section B of the Upgrade Form.
3. Forward the completed form to JLT Sport
4. Upgrades are valid from the date JLT Sport receives this form and are subject to 14 day credit terms.

LOSS OF INCOME COVER PURCHASE

WHAT IS LOSS OF INCOME COVER?

Loss of Income Cover is **OPTIONAL** and clubs must purchase this cover separately to all other covers. Loss of Income Cover provides reimbursement for either 80% of the injured person’s net weekly income or the maximum amount per week as purchased by the club – whichever is the lesser. Coverage is for a maximum of 52 weeks and a 14 or 49 day elimination period applies (as purchased by the club), unless your sick leave balance exceeds this, in which you’re your sick leave balance becomes your excess period. Please note - coverage for Match Payments is different (refer to Page 7 of this form for further details).

HOW DO WE PURCHASE LOSS OF INCOME COVER FOR OUR PLAYERS?

1. Complete Section A, Section B (if required) and Section C of the Upgrade Form.
2. Forward the completed form to JLT Sport
3. Loss of Income Purchases are valid from the date JLT Sport receives this form and are subject to 14 day credit terms.

Please note: the advice contained in this form is general. To help you decide if the cover suits you, please read the Product Disclosure Statement. We are also happy to provide you with further information.

SECTION A - UPGRADE DETAILS

Step 1: Club Details

1 _____ <small>Club Name</small>	2 _____ <small>Association/League</small>	
3 _____ <small>Contact Person</small>	4 _____ <small>Contact Phone Number</small>	
5 _____ <small>Postal Address</small>	_____ <small>State</small>	_____ <small>Post Code</small>
6 _____ <small>Email Address</small>		

Step 2: Total Amount Payable

Total

Section B (Non-Medicare Medical Upgrade) Sub-total	\$ _____
Section C (Loss of Income Purchase) Sub-total	\$ _____
Total Amount Payable	\$ _____

Step 3: Club Declaration

I, the undersigned, declare that I am an authorised representative of _____

Name of Club

(a) I have read the PDS and agree to be bound by the Rules. I am aware that the withdrawal from the JDT Arrangement as a Member does not entitle the Member to a refund of the Total Membership Contribution in full or in part, other than any applicable return Membership Contribution in respect of the unexpired portion of the Insurance Cover.

(b) I agree to receive the PDS, FSG and annual report for this product online at www.jltsport.com.au/afi or I have obtained a hard copy of the PDS and FSG. I have reviewed those documents including the "Important Information" section of the FSG.

(c) Privacy Act implications: Upon joining the JDT Arrangement, you as a Member, acknowledge that, as part of the financial reports, the Trustee will be declaring Members' detailed Claims data to all Members and service providers performing specific tasks on behalf of the Trust.

Authorised Club/League/Association Representative's Name (please print)

Authorised Club/League/Association Representative's Title/Position

Authorised Club/League/Association Representative's Signature

_____/_____/_____
Date

Step 4: Submit your Upgrade Form

Postal Address: PO BOX 464 WINSTON HILLS NSW 2153

Email Address: jltsport@jlta.com.au

Fax: 02 8824 1690

Step 5: Making payment

JLT Sport will provide you with a Tax Invoice **AFTER** we receive this application form which will detail the payment options. Payment must be made within 14 days of receipt of the invoice.

If you would like to make payment for upgraded cover via monthly instalments, please tick the box below and we will send you a Pay by the Month contract for your review. If acceptable and you wish to take advantage of this offer, please complete, sign and return to us as soon as possible.

Pay by the Month

SECTION B

NON-MEDICARE MEDICAL COVER UPGRADE

The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Before signing this form, it is essential you have read and are prepared to be bound by the Product Disclosure Statement (PDS) and Financial Services Guide (FSG). For a copy of these documents and other important information, terms and conditions, please refer to:

www.jltsport.com.au/afl

Note: AFL Masters / Veterans clubs can only choose the Bronze level of cover via the separate "AFL Masters - Personal Injury Upgrade Form"

Period of Cover

FROM: Cover is valid from the date JLT Sport receives this form

TO: 1st November 2014

All clubs receive as a minimum the basic level of cover (Bronze Cover) for Non-Medicare Medical benefits. Check with your league/association as you may currently receive a higher level of cover (for example, VCFL clubs receive Silver Cover for season 2014).

TABLE (A) below demonstrates the various levels of cover available for upgrade:

TABLE (A) Upgrades Available

	Bronze (Basic Cover)	Silver	Gold	Platinum
Non-Medicare Medical Costs <i>(examples include: Ambulance, Physio, Dental, Chiro, Private Hospital Accommodation)</i>	50% Reimbursement	75% Reimbursement	90% Reimbursement	90% Reimbursement
	\$2,000 max. per claim	\$2,500 max. per claim	\$3,500 max. per claim	\$7,500 max. per claim
	\$100 excess per claim	\$75 excess per claim	\$50 excess per claim	\$50 excess per claim
Capital Benefits	\$100,000 (\$20,000 for U18)	\$150,000 (\$30,000 for U18)	\$200,000 (\$40,000 for U18)	\$250,000 (\$50,000 for U18)
Quadriplegia/Paraplegia Benefit	\$500,000 maximum	\$500,000 maximum	\$500,000 maximum	\$500,000 maximum

TABLE (B) below demonstrates the premium rates payable to upgrade cover:

TABLE (B) Premium Rates

Upgrade from...	Per Senior / Reserve / Women's Team	Per Junior Team
Bronze to SILVER	\$282.00	\$45.00
Bronze to GOLD	\$475.00	\$71.00
Bronze to PLATINUM	\$640.00	\$96.00
Silver to GOLD	\$222.00	\$59.00
Silver to PLATINUM	\$390.00	\$82.00
Gold to PLATINUM	\$210.00	\$58.00

CAPITAL BENEFITS UPGRADE – QUADRIPLÉGIA AND PARAPLEGIA EVENTS ONLY

All clubs receive as a minimum the basic level of cover (Bronze Cover) which provides \$500,000 coverage for Quadriplegia and Paraplegia events (as per Table (A) above). Clubs/Leagues/Associations can increase the level of Quadriplegia and Paraplegia coverage.

TABLE (C) below demonstrates the premium rates payable to upgrade Quadriplegia and Paraplegia cover:

TABLE (C) Quadriplegia and Paraplegia Rates

Team...	Upgrade to...	Cost per Team...	Team...	Upgrade to...	Cost per Team...
Juniors *	\$750,000	\$55	Seniors/Reserves/Women's	\$750,000	\$250
Juniors *	\$1,000,000	\$75	Seniors/Reserves/Women's	\$1,000,000	\$375

*Including Under 19's

PLEASE CONTINUE TO PAGE 4.

SECTION B (CONTINUED)

NON-MEDICARE MEDICAL COVER UPGRADE

The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Before signing this form, it is essential you have read and are prepared to be bound by the Product Disclosure Statement (PDS) and Financial Services Guide (FSG). For a copy of these documents and other important information, terms and conditions, please refer to:

www.jltsport.com.au/afl

Note: AFL Masters / Veterans clubs can only choose the Bronze level cover via the separate "AFL Masters - Personal Injury Upgrade Form"

Step 1: Cover Upgrade Calculation as per TABLE (B)

Teams		Upgrading to			Cost per team	Sub-Total
<input type="checkbox"/> Seniors	_____	<input type="checkbox"/> SILVER	<input type="checkbox"/> GOLD	<input type="checkbox"/> PLATINUM	\$ _____	\$ _____
	Number of Teams				Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Reserves	_____	<input type="checkbox"/> SILVER	<input type="checkbox"/> GOLD	<input type="checkbox"/> PLATINUM	\$ _____	\$ _____
	Number of Teams				Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Women's	_____	<input type="checkbox"/> SILVER	<input type="checkbox"/> GOLD	<input type="checkbox"/> PLATINUM	_____	_____
	Number of Teams				Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Juniors	_____	<input type="checkbox"/> SILVER	<input type="checkbox"/> GOLD	<input type="checkbox"/> PLATINUM	\$ _____	\$ _____
	Number of Teams				Premium rate per team	No. of Teams x Rate

EXAMPLE ONLY:

Teams		Upgrading to			Cost per team	Sub-Total
<input checked="" type="checkbox"/> Seniors	3	<input type="checkbox"/> SILVER	<input checked="" type="checkbox"/> GOLD	<input type="checkbox"/> PLATINUM	\$ 475.00	\$ 1,425.00
	Number of Teams				Premium rate per team	No. of Teams x Rate

Step 2: Quadriplegia/Paraplegia Cover Upgrade Calculation as per TABLE (C)

Teams		Upgrading to:		Cost per team	Sub-Total
<input type="checkbox"/> Seniors	_____	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$1,000,000	\$ _____	\$ _____
	Number of Teams			Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Reserves	_____	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$1,000,000	\$ _____	\$ _____
	Number of Teams			Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Women's	_____	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$1,000,000	_____	_____
	Number of Teams			Premium rate per team	No. of Teams x Rate
<input type="checkbox"/> Juniors	_____	<input type="checkbox"/> \$750,000	<input type="checkbox"/> \$1,000,000	\$ _____	\$ _____
	Number of Team			Premium rate per team	No. of Teams x Rate

EXAMPLE ONLY:

Teams		Upgrading to:		Cost per team	Sub-Total
<input checked="" type="checkbox"/> Juniors	2	<input type="checkbox"/> \$750,000	<input checked="" type="checkbox"/> \$1,000,000	\$ 75.00	\$ 150.00
	Number of Teams			Premium rate per team	No. of Teams x Rate

Step 3: Section B Total Amount Payable

	Total
Cover upgrades (total of Step 1)	\$ _____
Quadriplegia/Paraplegia Upgrades (total of Step 2)	\$ _____
Section B Total	\$ _____

If you wish to purchase Loss of Income cover, please proceed to Section C on page 5 and forward all of Sections A, B and C to JLT Sport.

If you **do not** wish to purchase Loss of Income cover, please forward Sections A and B only to JLT Sport.

SECTION C

LOSS OF INCOME COVER PURCHASE - TEAMS



The AFL National Risk Protection Programme JLT Discretionary Trust (JDT) Arrangement. ABN: 37 378 340 834

Loss of Income Cover is **OPTIONAL**. It provides weekly income lost by players, officials, volunteers, trainers, coaches, umpires, directors, officers, committees, sub-committees, members and work experience students should they be injured whilst involved in a football related activity.

Note: This coverage is not currently available to AFL Masters / Veterans Teams.

To purchase this cover, please complete Steps 1-3 below. Missing information may result in delays with your application for Loss of Income cover.

IMPORTANT INFORMATION:

- o All rates on this form are inclusive of all government charges, GST and fees
- o The players are only covered whilst representing the club noted on this form
- o The benefit payable is limited, subject to the Trustee's discretion, to the lesser of the selected amount or **80% of net weekly earnings** (excluding any remuneration from participation in football). Please note that actual payments made to the claimant are made net of tax.
- o No benefit will be payable if the player is not in Permanent or Regular Casual employment at the time of receiving the injury - also subject to the Trustee's discretion.
- o The elimination period applicable is 14 or 49 days (as purchased by the club), unless your sick leave balance exceeds this, in which case your sick leave balance becomes your elimination period
- o If you do not wish to cover all teams within the club, a list of the players (per team) must be provided at the time of application (attached to this form). The team(s) to be covered must be nominated by the club (i.e. "A Grade") and the only the players listed will be covered.
- o Players are also covered whilst training, therefore it is important to submit this form and payment early to ensure pre-season training sessions are covered.

Period of Cover

FROM: Cover is valid from the date JLT Sport receives this form **TO:** 1st November 2014

ELIMINATION PERIODS: The Elimination Period means that the injured person must lose the nominated number of days income (14 or 49 days) due to the injury sustained before a Loss of Income claim is payable. Please choose an Elimination Period using TABLE (D) below:

TABLE (D) Loss of Income Rates for Teams

Team	14 day elimination period Per \$50.00 Cover	49 day elimination period Per \$50.00 Cover
Seniors/Reserves/Women's	\$418.00	\$200.00
Juniors	\$115.00	\$58.00

Step 1: Loss of Income Cover Calculation

14 DAY ELIMINATION PERIOD OPTION ONLY refer to TABLE (D)

14 DAY ELIMINATION PERIOD

Column A Grade	Column B Income Cover		Column C Number of units	Column D Premium Rate		Column E Teams	Column F Sub Total
<input type="checkbox"/> Seniors	\$ _____ Weekly Cover	÷ \$50 =	_____	x \$418 = \$ _____	x	_____	= \$ _____ Premium payable
<input type="checkbox"/> Reserves	\$ _____ Weekly Cover	÷ \$50 =	_____	x \$418 = \$ _____	x	_____	= \$ _____ Premium payable
<input type="checkbox"/> Women's	\$ _____ Weekly Cover	÷ \$50 =	_____	x \$418 = \$ _____	x	_____	= \$ _____ Premium payable
<input type="checkbox"/> Juniors	\$ _____ Weekly Cover	÷ \$50 =	_____	x \$115 = \$ _____	x	_____	= \$ _____ Premium payable

49 DAY ELIMINATION PERIOD OPTION ONLY refer to TABLE (D)

49 DAY ELIMINATION PERIOD

Column A Grade	Column B Income Cover		Column C Number of units	Column D Premium Rate		Column E Teams	Column F Sub Total
<input type="checkbox"/> Seniors	\$ _____ Weekly Cover	÷ \$50 =	_____	x \$200 = \$ _____	x	_____	= \$ _____ Premium payable
<input type="checkbox"/> Reserves	\$ _____ Weekly Cover	÷ \$50 =	_____	x \$200 = \$ _____	x	_____	= \$ _____ Premium payable
<input type="checkbox"/> Women's	\$ _____ Weekly Cover	÷ \$50 =	_____	x \$200 = \$ _____	x	_____	= \$ _____ Premium payable
<input type="checkbox"/> Juniors	\$ _____ Weekly Cover	÷ \$50 =	_____	x \$58 = \$ _____	x	_____	= \$ _____ Premium payable

EXAMPLE ONLY:

A. Grade	B. Income Cover		C. Number of units	D. Premium Rate (14 day elimination period)		E. Teams	F. Sub Total
<input checked="" type="checkbox"/> Seniors	\$300.00 p/w Weekly amount of cover	÷ \$50 =	6 units No. of \$50.00 units	x \$418 = \$2,508	x	2 teams Number of Teams	= \$5,016 Premium payable
<input checked="" type="checkbox"/> Juniors	\$200.00 p/w Weekly amount of cover	÷ \$50 =	4 units No. of \$50.00 units	x \$115 = \$460	x	3 teams Number of Teams	= \$1,380 Premium payable

Please proceed to page 6 to complete Step 2 and Step 3 of your Loss of Income purchase.

SECTION C (CONTINUED)



LOSS OF INCOME COVER PURCHASE - INDIVIDUALS NON-FOOTBALL RELATED INCOME



The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Loss of Income Cover for Individuals may be purchased in addition to the team cover on page 5.

The amount selected below will be in addition to any coverage taken out by the club and a **14 day elimination** period will apply.

This section of cover provides coverage for Non-Football Related Income only (i.e. income earned from full-time, part-time or casual employment).

TABLE (E) Loss of Income Rates for Individuals (non-football related income)

Grade	Per \$50.00 Cover 14 day elimination period
Senior/Reserve/Women's Players	\$82.00
Junior Players	\$30.00

Step 2: Loss of Income Cover Calculation for Individual Players (non-football related income)

14 DAY ELIMINATION ONLY refer to TABLE (E)

Grade	Player's Full Name	Date of Birth	Player's Occupation	Income Cover	Number of units	Sub Total
Senior	John Smith	11/07/1975	Bricklayer	\$500.00 per week	10 units	\$820.00
Junior	Joe Bloggs	07/11/1991	Apprentice Carpenter	\$300.00 per week	6 units	\$180.00

Section C Total Amount Payable	Total
Loss of Income Team Purchase (Step 1)	\$ _____
Loss of Income Individual Purchase – Non Football Related Income (Step 2)	\$ _____
Section C Total	\$ _____

Please forward all of Sections A, B and C to JLT Sport.

Please send your completed Upgrade Form to:		
JLT Sport		
POST PO Box 464 WINSTON HILLS NSW 2153	EMAIL JLTSPORT@JLTA.COM.AU	FAX: (02) 8824 1690

IMPORTANT INFORMATION:

- o All rates on this form are inclusive of all government charges, GST and fees
- o The players are only covered whilst representing the club noted on this form
- o The benefit payable is limited, subject to the Trustee's discretion, to the lesser of the selected amount or 80% of net weekly earnings (excluding any remuneration from participation in football). Please note that actual payments made to the claimant are made net of tax.
- o No benefit will be payable if the player is not in Permanent or Regular Casual employment at the time of receiving the injury - also subject to the Trustee's discretion.
- o The elimination period applicable is 14 or 49 days (as purchased by the club), unless your sick leave balance exceeds this, in which case your sick leave balance becomes your elimination period
- o If you do not wish to cover all teams within the club, a list of the players (per team) must be provided at the time of application (attached to this form). The team(s) to be covered must be nominated by the club (i.e. "A Grade") and the only the players listed will be covered.
- o Players are also covered whilst training, therefore it is important to submit this form and payment early to ensure pre-season training sessions are covered.

SECTION C (CONTINUED)



LOSS OF INCOME COVER PURCHASE - INDIVIDUALS FOOTBALL INCOME - MATCH PAYMENTS



The AFL National Risk Protection Programme JLT Discretionary Trust (JLT) Arrangement. ABN: 37 378 340 834

Loss of Income Cover is now available for Individuals who earn money from playing football (i.e. match payments).
Five coverage options are available (refer below). Please tick the level of cover that you require.

IMPORTANT INFORMATION – PLEASE READ

A 21 day elimination period applies for this section of cover

The maximum amount that can be covered is \$500 per week (gross earnings)

The benefit period is for the 2014 football season only

TABLE (F) Loss of Income Rates for Individuals (football income)

	Weekly Cover (gross earnings)	Cost (per season)
Option 1	\$100 cover per week	\$164
Option 2	\$200 cover per week	\$328
Option 3	\$300 cover per week	\$490
Option 4	\$400 cover per week	\$654
Option 5	\$500 cover per week	\$814

Step 3: Loss of Income Cover Calculation for Individual Players (football income – match payments)

Player's Full Name	Date of Birth	Option 1 \$100 / week	Option 2 \$200 / week	Option 3 \$300 / week	Option 4 \$400 / week	Option 5 \$500 / week
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C Total Amount Payable	Total
Loss of Income Team Purchase (Step 1)	\$ _____
Loss of Income Individual Purchase – Non Football Related Income (Step 2)	\$ _____
Loss of Income Individual Purchase – Football Income (Step 3)	\$ _____
Section C Total	\$ _____

Please forward all of Sections A, B and C to JLT Sport.

Please send your completed Upgrade Form to:

JLT Sport

POST
PO Box 464
WINSTON HILLS NSW 2153

EMAIL
JLTSport@JLTA.COM.AU

FAX:
(02) 8824 1690

IMPORTANT INFORMATION:

- All rates on this form are inclusive of all government charges, GST and fees
- The players are only covered whilst representing the club noted on this form
- The benefit payable is limited, subject to the Trustee's discretion, to the lesser of the selected amount or 80% of net weekly football match payments. Please note that actual payments made to the claimant are made net of tax.
- The elimination period applicable is 21 days (as purchased by the club), unless your sick leave balance exceeds this, in which case your sick leave balance becomes your elimination period
- Players are also covered whilst training, therefore it is important to submit this form and payment early to ensure pre-season training sessions are covered.